

218340

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to rescind order granting Class C Charter
Certificate for Coastal Taxi, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 223 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: (*) COASTAL TAXI, LLC

Telephone: (*) 843-303-8022

Address: (*) 7709 MENDELWOOD DR
N. CHARLESTON, SC 29418

Fax: (*) 843-767-8759

Other: (*)

Email: (*) COASTALTAXI@YMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input checked="" type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request to Rescind Order Granting Authority to Obtain a PC&N

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE:

7/29/09

Please consider this a request for the PSC to rescind Order No. 2009-418 that granted me the authority to obtain a Class:

- ☐ C (Taxi) Certificate ☒ C Charter Certificate ☐ C Charter Bus Certificate
☐ C Non-Emergency Certificate ☐ E Household Goods Certificate
☐ E Hazardous Wastes Certificate

Coastal Taxi, LLC
 (Name of Company)

DBA

N/A
 (If applicable)

Ⓢ 7709 MENDELWOOD dr.
 (Street Address)

mailing address

Ⓢ N. Charleston, SC 29418
 (City, State, Zip Code)

City State Zip

Ⓢ 843-303-8022
 (Telephone Number)

[Signature]
 (Signature)

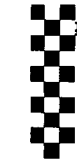
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owner
 (Title)

ORS Revised 10/1/08

**COASTAL TAXI, LLC**

7709 Mendelwood dr.
North Charleston SC 29418
USA

843-803-8022

843-767-9739

www.coastaltaxi.voweb.comcoastaltaxi@gmail.com**Fax Transmittal Form**

To: *Public Service Commission*
Name:
CC:
Phone: *803-896-5700*
Fax: *803 896 5199*

From: *Karum MARSHALL*
Date Sent: *7/4/09*
Number of Pages:

Message:

Thank You,
[Signature]

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